STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	TN9404	A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____	05/06/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NHC HEALTHCARE, SPARTA	34 GRACEY ST SPARTA, TN 38583

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 901	1200-8-6-.09(1) Life Safety (1) Any nursing home which complies with the required applicable building and fire safety regulations at the time the board adopts new codes or regulations will, so long as such compliance is maintained (either with or without waivers of specific provisions), be considered to be in compliance with the requirements of the new codes or regulations. This Rule is not met as evidenced by: Based on testing and observation, it was determined the facility failed to comply with the applicable building and fire safety regulations. The finding included: On 5/6/13 at 6:05 AM, testing of the night light within resident rooms 111, 301 and 302 revealed the night lights were not working. The night lights were however, repaired and working prior to the end of the survey. This finding was acknowledged by the Administrator and verified by the Maintenance Director during the exit interview on 5/6/13.	N 901	N 901 – Operational Night lights On 5-6-13 the night lights in resident rooms 111, 301 and 302 were corrected. On 5-6-13 all other night lights in the facility were verified that they were working properly. On 5-15-13 the Maintenance Partners were in-serviced on nightlights working properly. Maintenance Director will monitor night lights weekly x 8. Findings of the quality assurance monitors will be reported by the Administrator to the Quality Assurance Committee which is made up of the following people: Medical Director, Administrator, Director of Nursing, Health Information Manager, Social Services Director, Falls Prevention Nurse, Facility Rehab Coordinator and Wound Care Nurse.	5-15-13

Brian Staples

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE: Administrator

(X6) DATE: 5-15-13

MAY 17 2013